

PHONE NO. : 9084702986

05-05-2003 91437 040 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27400			
1. Entity Name V I R TRADING CORPORATION			
Principal Place of Business 36 NE 1ST STREET SUITE 1016 MIAMI FL 33132 US		Mailing Address 36 NE 1ST STREET SUITE 1016 MIAMI FL 33132 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FL Number 65-0324143		Applied For Not Applicable	
5. Certificate or Status Desired		Additional Fee Required	
6. Name and Address of Current Registered Agent KAPADIA, SUNIL 597 RACHET CLUB DRIVE #70 WESTON FL 33326		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Kapadia S. Kapadia</i>		DATE 4/29/03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when appointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D KAPADIA, SUNIL 597 RACHET CLUB DRIVE, #70 WESTON FL 33326			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
14. OFFICERS AND DIRECTORS		15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 15	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
16. OFFICERS AND DIRECTORS		17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
18. OFFICERS AND DIRECTORS		19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 10 or Block 11, as directed, or on a statement with an address, with all other filers empowered.

6402-303 6577 11/20/2000